

Priority Outcome 1: Continue to prepare for Conversion of Medicaid Fee for Service to Medicaid Managed Care for adult and children services

Priority Rank: 1

Strategy 1.1: The Erie County Department of Mental Health will keep apprised of latest developments and engage in dialogue with Providers, Health Homes, Managed Care Organizations, other County Departments involved in the Children's System of care, and Local/State NYS Mental Hygiene Offices regarding: * Identification of shared expectations, procedures and policies to best serve individuals * Identification of collaborative opportunities to better integrate care and enhance access to services; and * Improve behavioral health and physical health integration * Provision of policies and procedures which best serve individuals, youth, and families * Prepare children's SPOA to support community service standards, coordination of services, and efficacy of practice

Applicable State Agencies:

OASAS
OMH

Strategy 1.2: There is a need to reduce inpatient admissions as well as avoidable hospitalizations. Utilizing relevant data, resources, and services, work collaboratively to assist in the reduction of inpatient admissions as well as avoidable hospitalizations. Erie County will use all available data sources to identify individuals and use the integrated SPOA to facilitate access to services for high risk individuals. Available data sources presently incorporated include Medicaid Claims data and PSYCKES. This data will be supplemented by and enhanced by other data as our analysis will be ongoing. Erie County has offered a select number of adult providers the opportunity to utilize a predictive model as a tool to manage service utilization. Early work has commenced on developing a similar model for youth. Erie County will work collaboratively with providers to take advantage of DSRIP (Delivery System Reform Incentive Payment) opportunities. These collaborative efforts will focus on Behavioral Health projects within the DSRIP domains. Once identified, we will use evidenced based practices to promote engagement and appropriate quality services. Examples include the developing OMH service models targeted to individuals at their first psychotic break, and emerging peer fidelity practices.

Applicable State Agencies:

OASAS
OMH

Strategy 1.3: As the system of care continues its historical transformation the present environment poses many challenges including but not limited to: downsizing of inpatient facilities, increased number of individuals with insurance coverage combined with a deficit in the number of psychiatrists, and LCSWs, finding solutions to better integrate physical and behavioral health, and concerns about the capacity, stability and fiscal viability of provider agencies. Regional Planning Consortia (RPC) are being planned and implemented throughout the State and will serve as a collaborative vehicle consisting of a diverse group of stakeholders through which gaps, needs and system improvements can be identified and resolved. The Erie County Department of Mental Health has been part of the planning for the Western Region RPC and intends to be an active participant and collaborator in the RPC.

Applicable State Agencies:

OASAS
OMH

Priority Outcome 2: Focus on risk mitigation and harm reduction

Priority Rank: 5

Strategy 2.1: Proactively facilitating access to care for at risk and underserved populations remains a critical function of public health and the behavioral health system of care. This strategy is part of Erie County's "Initiatives for a Stronger Community" Two of these populations include: 1) those with behavioral health concerns who are in the local Jail; and 2) those at risk for repeated inpatient hospitalization or State psychiatric hospital admission. Erie County is continuing to participate in a pilot initiative "Project Match" where individuals in the local Jail will be assessed for eligibility for Health Home enrollment and referred to a Health Home for services. For various reasons, those who are jailed may lose contact with service providers causing a break in service. Therefore, for those already in Health Homes, the Health Home will be contacted to ensure that contact and services continue. This pilot initiative will be implemented in collaboration with the Jail, and Local Sheriff's Office, the Erie County Department of Mental Health and participating Health Homes. In addition, as part of the Transformation funding awarded to Erie County, a peer respite model has been implemented and which provides a community based diversion from inpatient psychiatric hospitalization. This model, based on the Rose House Model, has been shown to successfully offer individuals a community based alternative to Hospitalization. The Model provides a brief stay (5-7 days), where individuals are provided with a welcoming recovery focused environment, support, and re/engagement in community services that assist the individual in maintaining themselves in the community. In addition, as a result of the Transformation funding awarded to the ECDMH by the NYS OMH and through a contract with a provider agency, Erie County supports the provision of a mobile transitional support, clinical care, and follow-up to individuals who are discharged from the State Psychiatric Hospital or other psychiatric inpatient facilities. Individuals discharged from such facilities and are at significant risk for re-hospitalization and/or emergency department presentations are eligible for this service. In an effort to be most responsive to the needs of the individual, this service offers non-traditional hours, community based care and integrated peer support.

Applicable State Agencies:

OASAS
OMH

Strategy 2.2: Implement a sustained community wide anti-stigma campaign: -With the advisement of a community stakeholder group, research and plan for an effective campaign; -seek additional funding that will allow a sustained approach; and -implement

Applicable State Agencies:

OASAS
OMH

Strategy 2.3: Reduce the number of individuals with behavioral health concerns in the local jail and enhanced community transition planning through

the following: • Redesign of the Mental Health Court from a court based case management model to include community based care management with Health Home involvement • Expanding Mental Health First Aid training to include law enforcement/judiciary • Expand the Healthy Outcomes Partnership & Education (HOPE) program to be included in Buffalo Drug Court • Coordinate a training pertaining to co-occurring mental health/ Chemical dependency disorders for court staff, judiciary, and community supervision including: Federal probation, local county probation and State parole. • Coordination of NYS Division of Criminal Justice Services (DCJS) employment summit • Explore and submit for relevant grant opportunities addressing specialized drug court policies and procedures specific to those with opioid substance use issues • Implementation of a NYS Office of Mental Health grant that focuses on new Forensic Mental Health screening and improved discharge planning using the HOPE program for community integration • Development of data system and analysis platform with the UB Research Foundation

Applicable State Agencies:

OASAS
OMH

Priority Outcome 3: Expand access to housing, including that which is non-licensed.

Priority Rank: 4

Strategy 3.1: Increase access to housing for individuals with serious mental illness who are considered high risk. The addition and full utilization of 36 Supported Housing beds through NYS OMH funding to house psychiatric inpatient residents from the Buffalo Psychiatric Center and those discharged from Article 31 and 28 Hospitals. Erie County Department of Mental Health was awarded, via NYS OMH Transformation funding, twenty (20) beds and receives referrals through Buffalo Psychiatric Center (BPC) and the Erie County Medical Center (ECMC) for these beds. Individuals with a serious mental illness who are current residents of more intensive housing options i.e. community residences, treatment apartments, shelters, etc. are also eligible for this program. ECDMH was also awarded by NYS OMH 10 Re-Entry beds to improve access to housing for individuals with severe mental illness that are released from State Correctional Facilities. Fourteen (14) additional beds were also awarded for individuals that are released to the Buffalo Psychiatric Center from a NYS Correctional Facility. NYS OMH identifies the individuals that are eligible for the 24 Re-Entry beds. Enhancement dollars are available to the OMH Re-Entry beds to assist in increasing successful transition into the community after incarceration. DePaul Community Services is finishing construction for Ebenezer Square SRO housing that is scheduled to open by September 2016. Ebenezer Square will house individuals released from BPC facility or BPC housing, community and Article 28 and Article 31. Ebenezer Square will be a mixed use building that also rents to individuals with low income. Referrals will be made through the integrated SPOA to assure eligibility and timely access for the target population. The Department will also collaborate with providers of housing and other related stakeholders to examine and implement practice changes and collaborative opportunities which facilitate improvements in the rates of employment which will enhance recovery, the extent of consumer choice and improve housing options.

Applicable State Agencies:

OASAS
OMH

Strategy 3.2: Through a Request for Proposal (RFP) process the Erie County Department of Mental Health solicited and made awards against proposals for currently existing supported housing services targeted to chronically homeless individuals with a serious mental illness. These services are funded by the Housing and Urban Development (HUD) with matching funds provided by the NYS Office of Mental Health. Existing funding supports approximately 425 supported housing beds. The primary goals of the RFP are to increase access to homeless housing and related services, facilitate recovery, and enhance the collaborative and integrative nature of services. Critical to these goals are services and collaborations that will support self-sufficiency, successful transition to sustainable community housing, and increased income for the target population. Learning communities and collaboratives will be developed to improve outcomes related the aforementioned goals.

Applicable State Agency:

OMH

Priority Outcome 4: Better Integrate Behavioral and Physical Health

Priority Rank: *Unranked*

Strategy 4.1: The ECDMH will work cooperatively with stakeholders to accomplish the following: * Work with the Erie County Health Department to increase behavioral health services co-located or embedded in primary care facilities * Collaborate with the Erie County Department of Health, the Chemical Dependency provider community to better coordinate chemical dependency services and buprenorphine * Continue to participate on the related DSRIP project * A baseline survey has been conducted to explore the extent of integration as well as to solicit barriers/solutions. Survey results have been shared with the local DSRIPs and providers. It is also attached elsewhere in this plan. * Identify opportunities to improve the capacity of care managers and providers to address physical health needs * Work with Managed Care Organizations to improve access to behavioral health services for individuals with serious behavioral health disorders served in the physical health system * Explore additional opportunities to improve physical/behavioral health coordination * Explore data sources to track progress on physical health of individuals with behavioral health disorders

Applicable State Agencies:

OASAS
OMH

Priority Outcome 5: Coordination/Integration with other Systems to better link high risk/high need children and youth to community-based services, to mitigate risk and to decrease trajectory of deeper system involvement for transition aged youth.

Priority Rank: 3

Strategy 5.1: Enhancing the collaborative partnership between Erie County's Child Welfare System, in particular Child Protective Services (CPS), Juvenile Probation and the providers of behavioral health services, with the ultimate goal of keeping children safe and families intact by supporting the behavioral health needs of parent(s) and caregiver(s). The project has been implemented. Child Welfare Staff and Behavioral Health Staff (BHS) are co-located and cross trained. The Behavioral health staff are Master's level Qualified Health Practitioners (QHP), at least one and preferably both experienced in co-occurring behavioral health issues.

Applicable State Agencies:

OASAS
OMH

Strategy 5.2: The emotional well-being and behavioral health concerns of youth can often impact upon school attendance, classroom time, and academic performance. However, access to treatment services in a traditional office based setting is not always the first choice of families and can pose challenges to regular attendance. Providing services that are convenient and relevant to the youth and family can greatly assist in improving access. In addition, close communication with school personnel, where the behavioral symptoms often manifest themselves and can impact on academic performance, is enhanced by co-location. Therefore, in collaboration with other County Departments, the Buffalo Public Schools SAY Yes, the Community Foundation of Greater Buffalo, John R. Oishei Foundation, provider community, and with the support of the NYS OMH, the Erie County Department of Mental Health has assisted in systematically increasing the number of satellite outpatient mental health clinic treatment services in Buffalo Public Schools. This strategy is part of Erie County's "Initiatives for a Stronger Community".

Applicable State Agency:
OMH

Strategy 5.3: The Department of Mental Health will continue to dialogue with local and state level Juvenile Justice and Mental Health partners and other system providers. Erie County Department of Mental Health will keep abreast of new and trending practices pertaining to State level initiatives, reform and opportunities to assist/support the Department and community providers to optimize coordination/integration and trauma informed care in order facilitate the sustained community tenure and family stability/unification of youth and families.

Applicable State Agencies:
OASAS
OMH

Strategy 5.4: In anticipation of an October 2017 implementation date for Health Homes for Children and Families, Erie County has continued to partner with identified Health Homes and Care Management agencies in order to ensure access to Hi-Fidelity Wrap Around services and related resources. We will share our experience around the importance of working with the family and not just identified youth as a successful model that sustains engagement, increases skill attainment and reduces recidivism. The Erie County Department of Mental Health/Children's SPOA will work in collaboration with Health Homes, the provider community, and New York State Offices to ensure appropriate access to services for identified youth. Erie County is participating in a SAMHSA grant application to assist with expanding Hi-Fidelity wraparound care coordination services in NYS.

Applicable State Agencies:
OASAS
OMH

Priority Outcome 6: Expand Chemical Dependency (CD) system treatment capacity and accessibility.

Priority Rank: 2

Strategy 6.1: Implement a Substance abuse specific call hotline to allow for a single point of contact for individuals or family members, Emergency Departments, and local law enforcement to call in the event of a chemical dependency crisis, urgent intervention, warm referral and dispatch of related supports. Establishing this capacity will improve access to treatment services during times of a CD crisis. Legislative approval for this critical initiative was recently passed. - Define the details of desired local crisis response service. - Implement plan for establishment of this service. - Review program effectiveness

Applicable State Agency:
OASAS

Strategy 6.2: Positively Impact on the number of Opioid Overdoses and Fatal Overdoses through the February 2016 Implementation of the Erie County Opioid Epidemic Task Force, which was created by Executive Order, and its related Workgroups and Subcommittees. The Task force is a multi-stakeholder initiative. Community participation is inclusive, but not limited to, families, peers, various levels and branches of government, health and behavioral health providers, insurers, and law enforcement. The Subcommittees are as follows: *Provider Education and Policy Reform; *Community Education; *Families and Consumer Support & Advocacy; *Rapid Evaluation Appropriate Placement(REAP), formerly known as the Police Assisted Addiction and Recovery Initiative (PAARI) *Treatment Providers; *Hospitals/ER ROI Project; and *Naloxone Access

Applicable State Agency:
OASAS

Priority Outcome 7: Facilitate collaboration with OPWDD, Community Providers, and Erie County workforce departments to coordinate employment opportunities for Direct Support Professionals and individuals with Developmental Disabilities residing in Erie County.

Priority Rank: *Unranked*

Strategy 7.1: Coordination of employment opportunities for Direct Support Professionals in order to ensure consistent and high quality service for the DD population in Erie County •The ECDMH will identify community stakeholder groups who can assist in filling the employee vacancies at Developmental Disability Human Service Organizations. •Identify workforce programs and departments within Erie County government which would be able to support this initiative •Collaborate with OPWDD and voluntary agencies to identify staff development activities and trainings necessary to prepare residents to transition into DSP positions •Addressing the employment needs of Erie County residents by developing potential employment opportunities to fill the agency worker needs •Facilitate the collaboration of OPWDD, voluntary agencies, and Erie County government to identify potential employees, implement DSP trainings, and ultimately decrease shortage of DSP's within OPWDD system

Applicable State Agency:
OPWDD

Strategy 7.2: Consistent with OPWDD's transformational agenda, Erie County will support employment initiatives and meaningful community activities for Developmentally Disabled residents of Erie County. •Increase development of integrated employment and meaningful community activities for DD population in Erie County •Partner with state and local community stakeholders to increase employment opportunities within Erie County. Included are OPWDD, DDAWNY, Erie County Office for the Disabled, Equal Opportunity Office of Erie County, ACCES-VR, and the NYS Commission for the Blind. •Foster relationships with Erie County departments, OPWDD, and voluntary agencies to create and develop meaningful community activities such as paid and unpaid internships, trainings, and other activities which will build employment skills among the DD population •Educate local departments and potential employers about supported employment programs through OPWDD such as the Employment Training Program (ETP) and other supported employment services to promote DD individuals entering the workforce •Collaborate with the State Education Department to educate stakeholders about Supported Employment services and other OPWDD services.

Applicable State Agency:
OPWDD

Priority Outcome 8: Focus on OPWDD Transformational Agenda

Priority Rank: *Unranked*

Strategy 8.1: The ECDMH will discern the challenges faced in implementing the Transformation Agenda, to ensure service delivery for people currently receiving services and those who will need to access services in order to best align resources/support in a manner that meets the needs of the individuals with developmental disabilities in Erie County. Per the NYS Health and Human Services 2017 Local Service Plan Guidelines the following are the highest priority areas of focus: •Cultural Change and the Workforce: ECDMH and the OPWDD Subcommittee will focus on developing local efforts to support credentialing and competencies of Direct Service Professionals and employment opportunities for individuals with developmental disabilities. •Managed Care in the OPWDD Service Delivery System: ECDMH and the OPWDD Subcommittee will continue to support individuals, families and providers representation and input to the Transformation workgroups. OPWDD committee members are represented on the panel and partake in bimonthly discussions with Region 1 coordinators. •Supporting people in community settings: The ECDMH will provide support and recommendations to Region 1 OPWDD through the Certificate of Need letters of support.

Applicable State Agency:
OPWDD

Priority Outcome 9: In addition to certified residential settings support the Residential Request List focus will include expanding types of housing and the number of placements for individuals with Developmental Disabilities who are waiting for housing that include wheelchair accessibility, affordable and integrated community housing. An overarching support and need for individuals who are placed in integrated housing is transportation to assist with medical appointments, employment and day habilitation.

Priority Rank: *Unranked*

Strategy 9.1: The Erie County Department of Mental Health will provide support and technical assistance to the DDSO – Region 1 (OPWDD) including but not limited to the following: • Participate in housing forums Coordinated by OPWDD, with local providers/representatives from Housing establishments to educate and promote the utilization of accessible housing assistance opportunities outside of OPWDD, as well as, how to best utilize community resources to leverage with OPWDD resources. • Provide letters of support per Certificates of Need as identified by the DDSO-Region 1 • When requested by the DDSO-Region 1(OPWDD) ECDMH will participate/consult in the development of person centered housing models, vacancy management planning, developing a continuum of housing opportunities and supports to individuals who live at and are waiting for placement.

Applicable State Agency:
OPWDD